1110 W. Washington • Suite 240 • Phoenix, Arizona 85007 • (602) 364-4930 • FAX: (602) 364-4931 • www.azbtr.gov

CERTIFICATE OF EXPERIENCE RECORD AND REFERENCE

Applicant Name		Discipline				
Branch (engineering candidates only)						
		SECTION A (to be completed by ap	oplicant)			
Dates of Employment:	From	To		Full-Time Pa	rt-Time	
Your Job Title		er of Organization				
person you have chosen		n immediate supervisor, indi Explain:			_	
	DETAILE	D SUMMARY OF QUALI	FYING EXPI	ERIENCE		
charge and a breakdown to adequately detail you	of the time sper r experience.	elude a description of the proent on subprofessional and programmed and programmed and processional and programmed and processional and proces	rofessional dut	ies. Attach addition	nal pages if needed	
r					<u> </u>	
Sub professional	Professional	<u>Time Worked (in r</u> Responsible Charge		Total Time	months	
Work Description:	Troicessional	Responsible charge	Design	Total Time	inoluis	
and complete to the best	t of my knowled	hat the foregoing statements dge. I understand that submit al of this application and/or the statements and the statements are statements.	itting a materia	lly false statement		
Applicant's Signature_				_Date		
Applicant Name		Discipline	<u>; </u>			

	1.	N.T.
Ap	plicant	t Name

SECTION B

(to be completed by supervisor/reference)

TO SUPERVISORS: The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certificate to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required.

TO REFERENCES: Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgement, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates. Thank you for your help.

qualities and traits of character nece practice and are known only to the a	•	-	-			•
Your Name			Address			
City, State, Zip		Telephone				
Your job title at the time you supervised and Have you personally supervised and Does the information presented by to (If "No" or "Don't Know," pleat	l examined th he applicant a	e applicant	a's work? reflect his/her	experience?	Yes Yes Don'	No □No □t Know □
Give the last date you observed the	applicant per	forming pr	ofessional dut	ies, either dire	ectly or i	ndirectly.
Date Directly	Indirectly [
How long have you known this app Is this applicant related to you by bl From your personal knowledge, you	ood or marria		ant would be:		Yes	□ No □
Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						
REMARKS:						
Do you believe the applicant is qual (If you marked "No" or "Do	_		in on a separa	ate sheet.)	Yes Don'	No L t Know
I swear or affirm under penalty of la correct to the best of my knowledge an application for registration is gro	. I understan	d that subn	nitting a mate			
Signature				Da	ate	
Professional Registration						
Issue Date State				<u>-</u>		

Place imprint of seal in the space to the right.